

B6F (Official Form 6F) (12/07)

In re Virdell King and Lawanda King,Case No. 09-12758

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 2958 Creditor # : 1 American Studio Inc. 815 Matthews Mint Hill Rd Matthews NC 28105-1705	J	Insufficient Check				\$ 39.00
Account No: 2958 Representing: American Studio Inc.		Check Velocity POB 331067 Nashville TN 37203				
Account No: 9054 Creditor # : 2 Angels Communication Solutions Post Office Box 61 Ellendale TN 38029-0061	W	3/2009 Telephone				\$ 55.00
Account No: 7205 Creditor # : 3 AT&T POB 8100 Aurora IL 60507	H	9/2008 Telephone				\$ 346.23
6 continuation sheets attached						Subtotal \$
						\$ 440.23
						Total \$
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)						

B6F (Official Form 6F) (12/07) - Cont.

In re Virdell King and Lawanda King,

Case No. 09-12758

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 7205 Representing: AT&T			Financial Asset Management Sys Post Office Box 451409 Atlanta GA 31145-9409				
Account No: 8401 Creditor # : 4 Delta Electric Power Assoc. Post Office Box 935 Greenwood MS 38935-0935	W		3/2009 Utility				\$ 946.58
Account No: 8127 Creditor # : 5 Entergy MS Post Office Box 6008 L-JEF-359 70104	W		Utility Bills				\$ 246.61
Account No: 8127 Representing: Entergy MS			Capital Recovery Service Post Office Box 2589 Columbus OH 43216				
Account No: Creditor # : 6 Greenwood Leflore Hospital POB 1410 Greenwood MS 38935	J		2004-2006 Medical Bills				\$ 3,239.19
Account No: Representing: Greenwood Leflore Hospital			Courtney & Camp Attorneys at Law Post Office Box 529 Jackson MS 39205-0529				

Sheet No. 1 of 6 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 4,432.38

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Virdell King and Lawanda King,

Case No. 09-12758

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 2938 Creditor # : 7 Greenwood Neurology POB 1410 Greenwood MS 38930	W	7/2006 Medical Bills					\$ 176.00
Account No: 2938 Representing: Greenwood Neurology		ACS Systems 9800 Centre Parkway Suite 1100 Houston TX 77036					
Account No: 2959 Creditor # : 8 Greenwood Neurology POB 1410 Greenwood MS 38930	W	7/2006 Medical Bills					\$ 344.00
Account No: 2959 Representing: Greenwood Neurology		ACS Systems 9800 Centre Parkway Suite 1100 Houston TX 77036					
Account No: 2962 Creditor # : 9 Greenwood Neurology POB 1410 Greenwood MS 38930	W	Medical Bills					\$ 83.00
Account No: 2962 Representing: Greenwood Neurology		ACS Systems Division of Patient Svc Center 9800 Centre Pkwy, Ste 1100 Houston TX 77036					

Sheet No. 2 of 6 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 603.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Virdell King and Lawanda King,

Case No. 09-12758

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 2947 Creditor # : 10 Greenwood Neurology POB 1410 Greenwood MS 38930	W	7/2006 Medical Bills					\$ 370.00
Representing: Greenwood Neurology		ACS Systems 9800 Centre Parkway Suite 1100 Houston TX 77036					
Account No: 2956 Creditor # : 11 Greenwood Neurology POB 1410 Greenwood MS 38930	W	7/2006 Medical Bills					\$ 690.00
Representing: Greenwood Neurology		ACS Systems 9800 Centre Parkway Suite 1100 Houston TX 77036					
Account No: 2953 Creditor # : 12 Greenwood Neurology POB 1410 Greenwood MS 38930	W	7/2006 Medical Bills					\$ 138.00
Representing: Greenwood Neurology		ACS Systems 9800 Centre Parkway Suite 1100 Houston TX 77036					

Sheet No. 3 of 6 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 1,198.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Virdell King and Lawanda King,

Case No. 09-12758

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 2944 Creditor # : 13 Greenwood Neurology POB 1410 Greenwood MS 38930	J	6/2006 Medical Bills					\$ 111.00
Account No: 2944 Representing: Greenwood Neurology		ACS Systems 9800 Centre Parkway Suite 1100 Houston TX 77036					
Account No: 7008 Creditor # : 14 Imagine Mastercard Post Office Box 105341 Atlanta GA 30348-5341	W	2008 Credit Card Purchases					\$ 803.01
Account No: 7008 Representing: Imagine Mastercard		P. Scott Lowery, P. C. 4500 Cherry Creek Drive South Suite 700 Denver CO 80246					
Account No: 0852 Creditor # : 15 Johnson Propane Gas, Inc. Post Office Box 283 104 N. Rutherford Drive Kilmichael MS 394747	W	2005-2008 Utility Bills					\$ 258.61
Account No: 2008 Creditor # : 16 Kosko Eye Clinic 1503 Strong Avenue Greenwood MS 38930	H	9967 Medical Bills					\$ 70.00

Sheet No. 4 of 6 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 1,242.62

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Virdell King and Lawanda King,

Case No. 09-12758

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 2008 Creditor # : 17 Kosko Eye Clinic 1503 Strong Avenue Greenwood MS 38930	W	1313	Medical Bills				\$ 75.00
Account No: 5367 Creditor # : 18 Leasecomm 10M Commerce Way Woburn MA 01801		2007	Satellite Television				\$ 0.00
Account No: 9246 Creditor # : 19 MedStat Ambulance Service 108 South Front Street Winona MS 38967	H		Medical services				\$ 3.00
Account No: 2009 Creditor # : 20 MS Delta Community College Post Office Box 668 Moorhead MS 38761		5871	Tuition				\$ 1,140.00
Account No: 110 Creditor # : 21 Payday Loan Store of MS, Inc. 300 North Elizabeth Street Chicago IL 60607	J		Cash advance				\$ 540.33
Account No: 1157 Creditor # : 22 State of Mississippi, DHS Department of Human Services Post Office Box 352 Jackson MS 39205		11/2007	Food Stamp Overpayment				\$ 554.00

Sheet No. 5 of 6 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 2,312.33

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Virdell King and Lawanda King,

Case No. 09-12758

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 2008 Creditor # : 23 Tyler Holms Memorial Hospital 409 Tyler Holmes Drive Winona MS 38967	W	427 Medical Bills					\$ 1,473.00
Account No: 8229 Creditor # : 24 Unity Financial Life Insurance Post Office 5000 Syracuse NY 13250-5000		9/2008 Insurance Premium					\$ 47.70
Account No: 5566 Creditor # : 25 University Hospitals & Clinics Post Office Box 22547 Jackson MS 39225-2547	H	11/2007 Medical Bills					\$ 20.00
Account No:							
Account No:							
Account No:							
Account No:							

Sheet No. 6 of 6 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 1,540.70

Total \$

\$ 11,769.26

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)